

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Boucher for Congress Committee

Full Name (Last, First, Middle Initial)

**A.** Jill Derby For Congress

Mailing Address 5390 RIGGINS COURT  
SUITE C

City State Zip Code  
Reno NV 89502-

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
JILL T DERBY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 61019.E7448

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.** Friends Of Jim Marshall

Mailing Address 586 ORANGE STREET

City State Zip Code  
Macon GA 31201-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JIM MARSHALL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 8

Transaction ID: 61019.E7449

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.** Dennis Nagel for Commonwealth Atty

Mailing Address 1855 Playground Ct

City State Zip Code  
New River VA 24129-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 61019.E7453

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

14350.00